

**DOMESTIC  
LIMITED LIABILITY COMPANY**

**STATE OF MAINE**

**CHANGE OF REGISTERED AGENT  
and/or  
REGISTERED OFFICE**

\_\_\_\_\_  
(Name of Limited Liability Company)

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

Pursuant to [31 MRSA §607](#), the undersigned limited liability company executes and delivers the following Change of Registered Agent and/or Registered Office:

**FIRST:** ("X" all boxes that apply)

- A.** ☐ change of registered office      **B.** ☐ change of registered agent and registered office  
**C.** ☐ change of registered agent      **D.** ☐ change in name of current registered agent

**SECOND:** The name and registered office of the registered agent appearing on the record in the Secretary of State's office:

\_\_\_\_\_  
(name of current registered agent)

\_\_\_\_\_  
(street, city, state and zip code)

**THIRD:** Complete this Item as follows based on your selection in Item First:

- A.** The address of the new registered office (provide address information only);  
**B.** The name and registered office of the **new** registered agent, who must be an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine (provide name and address information);  
**C.** The name of the **new** registered agent, who must be an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine (provide name only); **OR**  
**D.** The new name of the current registered agent (provide name only).

\_\_\_\_\_  
(name of new registered agent or new name of current registered agent)

\_\_\_\_\_  
(physical location, not P.O. Box – street, city, state and zip code)

\_\_\_\_\_  
(mailing address if different from above)

**FIFTH:** The undersigned registered agent of the following limited liability company(ies), who has changed the address of the registered office **OR** who has changed his or her name, has notified each limited liability company of the change indicated in Item Third A or D:

**Name of Limited Liability Company**

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☐ Names of additional limited liability companies attached hereto as Exhibit \_\_\_\_, and made a part hereof.

Note: The following **must** be signed by the proper person as designed below.\*

**DATED** \_\_\_\_\_ **\*By** \_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(type or print name and capacity)

**Acceptance of Appointment of New Registered Agent**

The undersigned hereby accepts the appointment as registered agent for the above-named limited liability company.

**Registered Agent** \_\_\_\_\_ **DATED** \_\_\_\_\_  
(signature) (type or print name)

**For Registered Agent which is a Corporation**

Name of Corporation \_\_\_\_\_  
By \_\_\_\_\_  
(authorized signature) (type or print name and capacity)

Note: If this document changes the Registered Agent and the new Registered Agent **does not** sign, Form [MLLC-18 \(31 MRSA §607.2\)](#) must accompany this document.

\*This certificate **MUST** be signed as follows:

- (1) if Item First, A. was selected, then by the Registered Agent **OR**
- (2) if Item First, B. or C. was selected, at least one manager **OR** at least one member if the limited liability company is managed by the members **OR** any duly authorized person **OR**
- (3) if Item First, D. was selected, then by the Registered Agent.

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**